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PROVIDER BULLETIN

Ch100-06-01

DATE: September 12, 2006**TO:** Enrolled Medical Assistance Providers**RE:** New **Veterans Care** Program and Chapter 100 Handbook Update on Cost Sharing

Veterans Care

Effective September 1, 2006, medical coverage is available to veterans across Illinois. **Veterans Care** is a landmark program where the State of Illinois will offer access to affordable, comprehensive healthcare. Under this program, participants will pay an affordable monthly premium and receive medical, dental and vision coverage. Non-emergency transportation, long term care, supportive living facility and waiver services **are not** covered under Veterans Care. Participants under **Veterans Care** will be assessed co-payments for certain services. The co-payment requirements for Veterans Care have been added to the Chapter 100 Handbook updates described in this bulletin.

If you have a patient you believe may qualify for Veterans Care, please direct them to call the Illinois Department of Veterans Affairs at 1-877-4VETSRX (1-877-483-8779) or TTY at 1-877-204-1012. Additional information on **Veterans Care** is also available on-line at:

<http://www.illinoisveteranscare.com/>

Chapter 100 Handbook Update on Cost Sharing

Effective July 1, 2006, medical coverage for children was expanded under the provisions of the new **All Kids** program. As part of this expansion, Medicaid and KidCare coverage for children has also been renamed All Kids. Additional information regarding the **All Kids** program can be found at: <http://www.allkidscovered.com/>

The department has updated the cost sharing information in the Chapter 100 Handbook. Appendix 13 contains the new cost sharing information for the **All Kids** expansion and Appendix 14 contains co-payment information for the **Veterans Care** program.

Under **All Kids** Premium Levels 2 through 8 and **Veterans Care**, a co-payment will be assessed on certain fee-for-service visits to a physician, chiropractor, podiatrist, optometrists, nurse practitioner or hospital, all billable encounters (medical and behavioral health) at a FQHC, ERC or RHC.

The TPL/PBM Resource Code Directory has been moved from Appendix 14 to Appendix 15.

Collection of Co-payments

The department will automatically deduct the co-payment from the provider's reimbursement for **All Kids** Premium Levels 2 through 8 **and Veterans Care**. When billing the department, providers should bill their usual and customary charge and **should not** report the co-payment on the claim. Providers will be responsible for collecting co-payments from the participant. Providers may choose not to charge a co-payment, but if co-payments are charged, the co-payment amount cannot exceed the amounts shown in Chapter 100.

Federal regulations stipulate that a provider cannot deny services to an individual covered under a Title XIX or Title XXI program due to the person's inability to pay a co-payment. This requirement does not apply to participants enrolled in **All Kids** Premium Levels 2 through 8 or **Veterans Care**. Providers may apply their office policies relating to the collection of co-payments to participants covered under these programs.

Eligibility Verification

Providers will be able to determine the appropriate co-pay amount using the MEDI or REV eligibility verification systems. The AVRS eligibility system will only identify the coverage level, not the specific co-pay amount.

To register to use the MEDI system for verifying eligibility, go to: <http://www.myhfs.illinois.gov/>. Information on the REV System can be found in Topic 131.2 of the Chapter 100, General Policy and Procedures Handbook available on the department's Web site at: <http://www.hfs.illinois.gov/handbooks/>. The AVRS Provider Health Care Hotline can be reached by dialing 1-800-842-1461

The department is currently updating Topic 108 – Identification Cards, of the Chapter 100 Handbook. In addition to new cards being issued for participants covered under the **All Kids** expansion and **Veterans Care**, the department is revising existing medical cards. In the near future, samples of the identification cards for the **All Kids** program will also be posted to the **All Kids** Web site at: <http://www.allkidscovered.com/provider/>

The revisions described in this bulletin have been made to the Chapter 100, General Policy and Procedures Handbook, available on the department's Web site at: <http://www.hfs.illinois.gov/handbooks/>. If you do not have access to the Internet, or need a paper copy, paper copies are available upon written request. You need to specify a physical street address to ensure delivery. Submit your written request or fax to:

Healthcare and Family Services
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114
Fax Number: 217-557-8800
E-mail address is hfs.ppu@illinois.gov

To reduce copying and mailing cost, the department may not always include hardcopies of attachments referenced in notices and bulletins. Web site links are identified so providers may view and print the material from the Internet.

INSTRUCTIONS FOR UPDATING HANDBOOK

General Appendix 11 - Managed Care Organization (MCO) Contractors

Remove pages August 2001 IDPA General Appendix 11 (1-2) and insert new pages August 2006 HFS General Appendix 11 (1-2).

General Appendix 12 - Cost-Sharing For All Kids And Family Care Share And Premium

Remove pages August 2001 IDPA General Appendix 12 (1-4) and insert new pages July 2006 HFS General Appendix 12 (1-4).

General Appendix 13 - Cost-Sharing For Children Enrolled In All Kids Expansion and Co-payment Procedure Codes For Title 19 Participants Age 19 And Older

Remove pages July 2003 IDPA General Appendix 13 (1-2) and insert new pages July 2006 HFS General Appendix 13 (1-2).

General Appendix 14 - Cost-Sharing For Veterans Care

Remove the entire January 2004 IDPA General Appendix 14 and insert new pages September 2006 HFS General Appendix 14 (1-2).

General Appendix 15 - TPL/PBM Resource Code Directory

Insert new appendix.